MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

11859

Reg. Dist. No. 19-1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Howard — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ellicott City
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: North Carolina — COUNTY: Gaston
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Jenkins Heights
STREET ADDRESS (If rural, give location): Route 1

3. NAME OF DECEASED (Type or Print): (First) John (Middle) William (Last) Barker

4. DATE OF DEATH: (Month) 12 (Day) 26 (Year) 49 — 19

5. SEX: Male

6. COLOR OR RACE: W [redacted]

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: 1927

9. AGE last birthday: 22 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): North Carolina

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Wade Barker

14. MOTHER'S MAIDEN NAME: Rebecca Farmer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: ?

17. INFORMANT: John Wade Barker, Jenkins Heights, N.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Strangulation	10 mm
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hanging (Suicide)	—
	(c)	

974
164a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: none

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Jail — (CITY OR TOWN): Ellicott City — (COUNTY): Howard — (STATE): Md

TIME OF INJURY (Month) (Day) (Year) (Hour): 12 26 49 1130 p

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Suicide.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE: Alpha M Habert M.D. (Degree or title) ADDRESS: Ellicott City Md DATE SIGNED: 12-27-49

DEPUTY CHIEF MEDICAL EXAMINER OF HOWARD COUNTY

23. BURIAL, CREMATION, REMOVAL (Specify): removal — DATE THEREOF: 12-28-49 — NAME OF CEMETERY OR CREMATORY: Jenkins Chapel — LOCATION (City, town, or county) (State): Gastonia N. Carolina

DATE REC'D BY LOCAL REG.: Dec. 28, 1949 — REGISTRAR'S SIGNATURE: John B. Langhram, Pm. — 24. FUNERAL DIRECTOR: C. C. Hefner Bros — ADDRESS:

B. E. L.

RECEIVED
DEC 28 1949

RECEIVED
DEC 30 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

11860

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 190

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY: Howard; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkridge; LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1906 Augustine Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md.; COUNTY: Howard; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkridge
STREET ADDRESS (If rural, give location): 1906 Augustine Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
CATHERINE	D.	BERRETT	Dec.	13	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
female	white	widowed	Jan. 29, 1872	77 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: - Bach
14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mr. Wm. F. Berrett — Elkridge, Md. 1906 Augustine Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Bronch Pneumonia	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chr Myocarditis	6 mo
422.2 93d	(c) Senile Dementia	5 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: none

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none	none	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
none				

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Oct 1, 1949 to Dec 13, 1949 that I last saw the deceased alive on Dec 12 1949 and that death occurred at 3 30 m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Dr. B. B. Brumbaugh		7609 Virginia Ave Elkridge 27 Md.	

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12/15/49	Melville Methodist Ch.	Elkridge, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/14/49	A. W. Hedrick	WM. J. TICKNER & SONS	Balto., Md.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11861

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Howard Co MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dorsey
LENGTH OF STAY (in this place) 30 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS O'Connor Rd. Dorsey Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Same COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Same
STREET ADDRESS (If rural give location) O'Connor Rd. Dorsey Md.

3. NAME OF DECEASED (Type or Print) (First) Carl (Middle) (Last) Buettner

4. DATE OF DEATH (Month) Dec (Day) 19 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Feb 21, 1912
9. AGE last birthday 37 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manager of Bolling Alley
10b. KIND OF BUSINESS OR INDUSTRY Sports
11. BIRTHPLACE (State or foreign country) Baltimore City
12. CITIZEN OF WHAT COUNTRY? W 89

13. FATHER'S NAME Hans Leo Buettner
14. MOTHER'S MAIDEN NAME Barbara Dienstbier

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) no
16. SOCIAL SECURITY NO. 213-01-1826
17. INFORMANT Emil Buettner (Brother)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cancer of Colon	9 mo
153 Antecedent cause(s)	Splenic Flexure c̄	
46e Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) General Metastasis	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Aug 1949
19b. MAJOR FINDINGS OF OPERATION Cancer of Colon c̄ Metastasis
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1949, to Dec 19, 1949, that I last saw the deceased alive on Dec 19, 1949, and that death occurred at 2 30 p.m., from the causes and on the date stated above.

SIGNATURE Dr B B Brumbaugh (Degree or title) ADDRESS 5609 Main St Elpridge Md DATE SIGNED 12/19/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 12/22/49
NAME OF CEMETERY OR CREMATORY Meadowridge Mem. Pk
LOCATION (City, town, or county) Washington Blvd (State) Md

DATE REC'D BY LOCAL REG. Dec 20-1949
REGISTRAR'S SIGNATURE A. W. Jedrich c̄
24. FUNERAL DIRECTOR John J. Cowan & Son
ADDRESS Gilling St.

MARYLAND STATE DEPARTMENT OF HEALTH

11862

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 192

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH
COUNTY: Howard — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ellicott City (Rural)
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ellicott City — Rural
STREET ADDRESS (If rural, give location): Vineyard Road

3. NAME OF DECEASED (Type or Print): (First) Annie (Middle) M (Last) Delisle

4. DATE OF DEATH: (Month) December (Day) 8 (Year) 49

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
F	W	Married	1868	81 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
At Home		Canada	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	No	Alphonse Delisle, Ellicott City, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	Pulmonary Edema	1 hr
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Chronic Myocarditis	10 yrs
(c)	—	

422.2
93d

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	—	—	—	

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
— m.	—	—

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Alphonse Delisle (Degree or title) M.D. ADDRESS: Ellicott City Md DATE SIGNED: 12-8-49

DEPUTY MEDICAL EXAMINER OF HOWARD COUNTY

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12-11-49	Sams Creek Cemetery	Taylorsville, Md.

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec 9 1949	Alice W Hobbs,	F.C. Higinbothom,	Ellicott City, Md.

RECEIVED
DEC 10 1949
BUREAU V. M.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11863

Reg. Dist. No. 195

1. PLACE OF DEATH: COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Scaggsville
LENGTH OF STAY (in this place) 68 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Scaggsville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Arthur (Middle) Elwood (Last) Scaggs

4. DATE OF DEATH (Month) Dec. (Day) 28 (Year) 1949

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Sept. 16 1881
9. AGE last birthday 68 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Charles Albert Scaggs
14. MOTHER'S MAIDEN NAME Martha L. Leishear

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service) —
16. SOCIAL SECURITY No. —
17. INFORMANT AND ADDRESS Melvin Scaggs (Son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cardio-Vas. Disease - Hypertension	10 yrs
Antecedent cause(s)	(b) Arteriosclerosis. Gen. Arthritis	15 yrs
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Prostatic Hypertrophy	3 yrs

443
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senile Dementia

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10 1, 1940, to 12 28, 1949, that I last saw the deceased alive on 12 27, 1949, and that death occurred at 2.30 A m., from the causes and on the date stated above.

SIGNATURE B P Warren (Degree or title) MD ADDRESS Laurel Md DATE SIGNED 12-28.49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 12/30/49
NAME OF CEMETERY OR CREMATORY Emmanuel Cemetery
LOCATION (City, town, or county) (State) Scaggsville, Maryland

DATE REC'D BY LOCAL REG. 12/30/49
REGISTRAR'S SIGNATURE Frank Shipley
24. FUNERAL DIRECTOR De Witt Donaldson ADDRESS Laurel, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 4 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11864

CERTIFICATE OF DEATH

Reg. Dist. No. 194

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Howard — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Clarksville
LENGTH OF STAY (in this place): 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Hinkson's Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Clarksville
STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print): (First) DAVID (Middle) M. (Last) SPENCE

4. DATE OF DEATH: (Month) December (Day) 15 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: July 28, 1946

9. AGE last birthday: 3 yrs. — If under 1 year: Months. 4 Days — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Garfield Hospital, Wash. D. C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Dr. George R. Spence

14. MOTHER'S MAIDEN NAME: Edna J. Ebensta

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Gr. Geo. R. Spence - 904 Ellsworth Dr. S.S. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Marasmus	6 mos.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Internal hydrocephalus (congenital)	3 yrs
	(c)	

752
157a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 12, 1949, to Dec 15, 1949, that I last saw the deceased alive on Dec 15, 1949, and that death occurred at 4 0/P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Charles S. Whitaker, M.D. Clarksville, Md. 12/19/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 12/17/49 — NAME OF CEMETERY OR CREMATORY: Fort Lincoln Cemetery — LOCATION (City, town, or county) (State): Prince George County, Md.

DATE REC'D BY LOCAL REG. 12-19-49 — REGISTRAR'S SIGNATURE: Marie A. Whitaker

24. FUNERAL DIRECTOR — ADDRESS: Silver Spring, Md.

VS/A15

RECEIVED
DEC 22 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

11865

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 19

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Howard — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott city — LENGTH OF STAY (in this place) 1 hr
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN —
STREET ADDRESS (If rural, give location) Main St

3. NAME OF DECEASED (Type or Print): (First) BABY (Middle) GIRL (Last) TERRY

4. DATE OF DEATH: (Month) December (Day) 12 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: 12-12-49

9. AGE last birthday: 0 yrs. If under 1 year: Months 0 Days 0 If under 24 hrs.: Hours 1 Min. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country): Ellicott city

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME —

14. MOTHER'S MAIDEN NAME: Mary Ella Terry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT: Fitz Terry

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Atelectasis — INTERVAL BETWEEN ONSET AND DEATH: 1 hr

762.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

161a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Birth unattended for 3 hours —

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Alpha M Herbert M D ADDRESS Ellicott City Md DATE SIGNED 12-12-49

DEPUTY MEDICAL EXAMINER OF HOWARD COUNTY

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 12/13/49 — NAME OF CEMETERY OR CREMATORY St. John's Cemetery — LOCATION (City, town, or county) (State) Ellicott City Md

DATE REC'D BY LOCAL REG. 12-13-49 — REGISTRAR'S SIGNATURE John B. Longman

24. FUNERAL DIRECTOR Easton Sons — ADDRESS Main St. Ellicott City, Md

VS. A15A

RECEIVED
DEC 16 1949
BUREAU V. S.